



Information Technology Support Center Self-Determination Services Update

**ISC Meeting
Albuquerque, NM
JUNE 23, 2004**



TEAM STRUCTURE

- **Team Leader – Bruce Parker**
 - **Sam Berry – IT Specialist**
 - **Mike Ginn – IT Intern, Emerging Leaders Program**





MISSION

- **In the spirit of tribal self-determination, the Indian Health Service (IHS) - Division of Information Resources (DIR), is strongly committed to supporting the efforts of the tribes to become self-sufficient. The core challenge for the IHS-DIR Self-Determination Team is to continually align DIR information technology (IT) products and services with the mission, needs and directions of IHS' tribal constituents.**



CURRENT ACTIVITIES

- Self-Determination/638 Support

- Tribal Share Distribution

- Self-Determination Website

<http://www.ihs.gov/CIO/Self-Determin/index.cfm>

- Urban Indian Health Program Support

- Support and Other Issues Related to SD

- Future Projects

- 2005 Considerations



SELF-DETERMINATION/638 SUPPORT

- **Provide IT guidance and support to IHS Self-Governance Lead Negotiators**
- **Provide guidance in the development of IHS Area/Tribal Service Level Agreements**
- **Develop and maintain information material relating to DIR-ITSC functions/services**



TRIBAL SHARE DISTRIBUTION

- Review and evaluate Annual Funding Agreements for DIR
- Work in conjunction with the Office of Tribal Self-Governance and Office of Tribal Programs to administer DIR-ITSC components of Title I and V programs
- Monitor delivery of DIR/Tribal technical support services
- Worksheets can be downloaded from:

<http://www.ihs.gov/CIO/Self-Determin/self-determination-tribal-shares.cfm>



SELF-DETERMINATION WEBSITE

- The Self-Determination Team has developed a website with I/T/U access to the IT share and other information. A new feature of this website is for the Area Negotiators can start entering in information from the DIR WorkSheet#3.

<http://www.ihs.gov/CIO/Self-Determin/index.cfm>



Welcome to Editing DIR Worksheet #3 Information - Microsoft Internet Explorer

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Address http://www.dev.ihs.gov/CIO/Self-Determin/self-determination-fa-edit-wksh3.cfm Go

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These plug-ins may be required for the content on this page:
Acrobat

IBS Lead Negotiator

SUPPORT PACKAGE SELECTION

Identifies Total DIR Shares Available for Selected Tribe

Tribal Lead Negotiator

NAME/SITE: Wanabee

TITLE I OR V

(Dir Worksheet #3)

	NATIONAL DATABASE SERVICE	TELECOMM MANAGEMENT SERVICE	SOFTWARE SUPPORT & TRAINING SERVICES	SYSTEM SUPPORT & TRAINING SERVICES	DIR/ITSC RETAINED SHARES
SUPPORT PACKAGE #1	PREMIER	PREMIER	PREMIER	PREMIER	
Tribal Shares Available	\$4,845 100%	\$9,479 100%	\$10,987 100%	\$4,671 100%	
RE-ENTER Select Share(s)	\$ 4845	\$ 9479	\$ 10987	\$ 0	\$25,311
SUPPORT PACKAGE #2	REGULAR	REGULAR	REGULAR	REGULAR	
Tribal Shares Available	\$3,874 80.0%	\$7,201 76.0%	\$4,392 40.0%	\$1,167 25.0%	
RE-ENTER Select Share(s)	\$ 0	\$ 0	\$ 2200	\$ 0	\$2,200
SUPPORT PACKAGE #3	ECONOMY	ECONOMY	ECONOMY		
Tribal Shares Available	\$2,712 56.0%	\$3,885 41.0%	\$2,306 21.0%		
RE-ENTER Select Share(s)	\$ 0	\$ 0	\$ 0		\$0
TOTAL RETAINED					\$ 27,511
TOTAL AVAILABLE					\$ 29,985

OVERVIEW OF SERVICE LEVELS

See DIR/ITSC RETAINED SHARES TOTAL

Done

Start Inbox - Microso... Present ISC 6-2... Presentation - B... Welcome to E... EditPlus - [W:\s... SQL Server Ent... SQL Query Anal... 4:27 PM



SELF-DETERMINATION WEBSITE

(cont'd)

- Develop a “HOT ITEMS” section that is devoted to RPMS items that are currently the “hot item”

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SELF DETERMINATION SERVICES

HOT ITEMS!!
EHR
PAMS
BH GUI

Welcome to IHS-DIR Self-Determination Services

Our Mission

In the spirit of tribal self-determination, the Indian Health Service (IHS) - Division of Information Resources (DIR), is strongly committed to supporting the efforts of the tribes to become self-sufficient. The core challenge for the IHS-DIR Self-Determination Team is to continually align DIR information technology (IT) products and services with the mission, needs and directions of IHS' tribal constituents. The IHS' mission of "...Raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level..." is center stage. However, the success of these efforts is dependent upon cooperation, collaboration, & mutual support of the IHS & Tribes.

Please take the time to explore our site and learn about the services, products and staff at ITSC.



SELF-DETERMINATION WEBSITE

(cont'd)

- The Self-Determination Team has developed a website for RPMS questions:
 - Defines what RPMS is
 - Lists a brief description of various RPMS packages and gives examples of daily/management activities.
 - How to start the process of installing RPMS at a facility/clinic

<http://www.ihs.gov/CIO/Self-Determin/self-determination-rpms.cfm>



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Tribes considering self-determination often ask these questions:

"Why should we leave tribal shares for the Software Development (RPMS) core package?"

"How can the Self-Determination Team help my site figure out whether RPMS is right for us?"

RPMS (Resource and Patient Management System) is not just a collection of software to help a Facility/Clinic manage patient healthcare and related operations. It is also about the IHS teams of RPMS developers, IHS support personnel, National Patient Information Reporting System(NPIRS) and the Self-Determination Services Team working together to make sure that RPMS is used to its up most capacity in helping a Facility/Clinic serve the healthcare needs of its community.

Other Questions:

What is RPMS?

[Find out here](#)

Which RPMS packages are right for Facility/Clinic

[Find out here](#)

How do I go about installing RPMS at my Facility/Clinic?

[Find out here](#)



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Exactly what is RPMS?

The IHS Resource and Patient Management System (RPMS) is an integrated suite of clinical, administrative, and financial software components that provides various healthcare facilities planning and management information for the direct delivery of health care to their communities. The Software Development and Maintenance Services core package encompasses not only access to the latest versions of RPMS software components, but also to a team of RPMS developers and training and user support personnel; technical and data support staff from National Patient Information Reporting System (NPIRS); and Self-Determination Services Team staff. These experts are available to work together with your facility to make sure that RPMS is planned and installed for the most effective use for your patient care and administrative needs.

When somebody says "RPMS" what does it really mean?

RPMS means the following:

- [Operating System](#) running on the server
- [Base Software](#) installed on the server
- [Software Packages](#) installed on top of the Base Software

Operating Systems

The RPMS is designed to run on the following operating systems:

- Microsoft Windows NT(4.0), Microsoft Windows 2000
- IBM AIX

Base Software

The Base Software consist of the following:

(1)Kernel

The Kernel acts as an interface between the operating system and FileMan and RPMS software packages. Here is a [presentation](#) from an IHS Technology Fair that describes what the Kernel is and some of the enhancements that were made a few years back

(2)VA FileMan

Here is a link from the [VA FileMan home page](#) that has an excellent description of the VA FileMan

Software Packages

There are many software packages to choose from. Here is a link that describes some of the [RPMS software packages](#)

Links:

1. [RPMS Questions](#)
2. [Software Package Questions](#)
3. [RPMS in Action](#)
4. [RPMS Website](#)

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Getting RPMS working at my Facility/Clinic - Microsoft Internet Explorer

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Address <http://www.ihs.gov/CIO/Self-Determin/rpms/setup.cfm> Go

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If I consider using RPMS, what are the steps that I need to take to start using RPMS and my selected packages at our Health Facility?

- 1: Designate a technical Point of Contact (POC). Typically this person is the Site Manager or other senior information technology lead
 - If my Facility/Clinic is an IHS direct site, the POC first should contact the appropriate [Area Office ITSC](#)
 - If my Facility/Clinic is a Title I or Title V or Urban Site, the POC first should contact the Self-Determination Services Team (SDST)
- 2: The appropriate Area or SDST staff will then do an initial [PRE-RPMS ASSESSMENT](#)
- 3: After the assessment is completed and there is agreement on what needs to be done, then both the Site Manager and appropriate Area or SDST staff will draft a [RPMS Implementation and Deployment Plan](#). Part of this plan is that the Facility/Clinic will need to purchase the appropriate computer hardware/software
- 4: The computer hardware/software is sent to either the Area Office or ITSC for loading of RPMS and the package(s) that were agreed upon during the assessment process. The Area Office or ITSC will return the loaded hardware to the site
- 5: The Site Manager and the personnel using RPMS should attend RPMS training at ITSC in Albuquerque or another IHS Training Facility. Here is a [List of Training Sites](#) and courses
- 6: The Site Manager sets up the loaded hardware and tests to make sure that RPMS and the package(s) selected are working properly
- 7: After the Hardware/Software have been tested and the Facility/Clinic Personnel have been trained to use RPMS software appropriately - **READY FOR PRODUCTION**

Below is a Flow Chart for the above process

```
graph TD; A[Designate a Point of Contact Site Manager] --> B[Contact appropriate IHS Office. If Title I/V or Urban Contact Self-Determination Else contact appropriate Area Office]; B --> C[PRE-RPMS ASSESSMENT is done]; C --> D[PRE-RPMS ASSESSMENT done and both parties agree to conclusions. Then appropriate Hardware/Software is purchased]; D --> E[Appropriate Hardware/Software sent to ITSC or Area Office installation of agreed RPMS and RPMS packages]; E --> F[Attend IHS sponsored Training before hardware/Software come back from ITSC or Area Office]; F --> G[Hardware/Software sent back to Facility/Clinic for final installation]; G --> H[Finally testing of RPMS and assorted RPMS packages. Once completed]; H --> I[READY FOR PRODUCTION];
```

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**HOT ITEMS!!**

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ELECTRONIC HEALTH RECORD (EHR)

◆ What is EHR?

Also known as computerized patient records (CPR) or electronic health records (EHR), electronic health records allow for entry and storage of a wide variety of patient information in electronic format, and subsequent access to this information by healthcare providers, patients, and other authorized users. In its fullest form, an EHR replaces the paper record, eliminating the need for filing and storage, as well as the risk and inconvenience of misplaced or otherwise inaccessible charts. Lesser versions of an EHR may require some paper to be retained (such as outside consults or hospital reports), but still allow for most clinical transactions to take place on line, speeding transmission of information and reducing the risk of errors.

◆ Why go to EHR?

- ★ In 2002 IHS leadership mandated that ITSC should develop an EHR for use in I/T/U facilities. Is should be ready for use sometime in 2004.
- ★ Improved Patient Safety. If the Electronic Health Records of patients are in a standardized readable format, there will be less errors due to unlegible handwriting such as incorrect dosage of drugs, incorrect type of drugs, incorrect reading of vital signs, incorrect laboratory tests, incorrect X-Ray test, etc.



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**PATIENT ACCOUNTING MANAGEMENT SYSTEM
(PAMS)****◆ What is PAMS?**

PAMS is a collaborative effort between IHS and a Tribal Consortium to develop a Third Party Billing and Accounts Receivable software package that will integrate with RPMS, EHR and provide a solid foundation for optimal billing and collections.

◆ What is wrong with Third Party Billing and Accounts Receivable Packages?

- ★ With the EHR packaging to be released soon, it was decided to combine Third Party Billing and Accounts Recievable Packages into one package
- ★ Third Party Billing can not do Line Item Billing
- ★ Unable to properly report current account activity; account status; follow up
- ★ Disconnect between 3PB and AR packages
- ★

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URBAN INDIAN HEALTH PROGRAM SUPPORT

- **Provide IT assessment support for Urban facilities**
- **Assist Urban Health Program in defining IT/Data requirements**
- **Assist in the development of an Urban Data Mart (Data Warehouse)**



IT SUPPORT AND OTHER RELATED ISSUES

Annual Funding Agreements (AFA) do not include adequate information to determine level of IT support

Results of negotiated IT agreements are not regularly provided to ITSC in a timely manner

New requirements such as HIPAA, Security, and VPN are placed on the Agency which are not specifically identified or funded



IT SUPPORT AND OTHER RELATED ISSUES (Cont'd)

Area Office shares are often taken. This leaves ITSC to provide a majority of the support for a large number of tribes. The Help Desk doesn't know if the caller is totally or partially compacted/contracted



FUTURE PROJECTS

- **Develop an online Database that allows for current and consistent Tribal Share status.**
- **Develop a web interface so that after negotiations are finalized, the area negotiators can input the information from DIR Worksheet #3 or in another acceptable format.**
- **Develop ITSC outreach media to assist tribes in making informed business decisions on DIR/ITSC services.**
- **Pre-Negotiation Meetings and Trainings – Visit each Area Office to discuss IT changes with ALN's, Title I & V Coordinators, ISCs, Tribal Representatives, etc.**
- **Review Share Distribution on how it relates to functions and services.**



2005 CONSIDERATIONS

- **THERE WILL BE NO CHANGES TO DIR/ITSC'S PSFA's OR SHARE DISTRIBUTION METHODOLOGY FOR FY 2005**
- **CHANGES FOR 2006 WILL BE SHARED PRIOR TO FY 2006 NEGOTIATIONS**
- **CHANGES WILL REFLECT THE WAY WE DO BUSINESS**
- **IMPLICATIONS OF ELECTRONIC HEALTH RECORD (EHR) AND PATIENT ACCOUNTING MANAGEMENT SYSTEM (PAMS)**



FY 2005 CONSIDERATIONS (cont'd)

- **INCLUDED WILL BE SUCH THINGS AS FIXED FEES FOR SOFTWARE LICENSES**
- **NEW REQUIREMENTS SUCH AS HIPAA, SECURITY, AND VPN ARE PLACED ON THE AGENCY WHICH ARE NOT SPECIFICALLY IDENTIFIED OR FUNDED**
- **ALL CHANGES RESULT AS ADDED VALUE TO THE TRIBAL BUSINESS PROCESS**



QUESTIONS ??
